

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98802 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John A. Hauser
Male

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 55 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Police officer Balto.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, all of life

Place of Death, { Give Street and Number. }

724 Ostend St
Phthisis
Asthenia

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness, About 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, March 25th

{ Undertaker, F. H. Toll }

{ Place of Business, #421 Hanover St. Address, 617 Sharp St }

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *98803*

Office of Registrar of Vital Statistics.

Ward *4*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 23^d 1889*
Full Name of Deceased, *Wm A Le Hannis*
Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, *Male* Cross out the word not required in this line.
Age, *39* Years, *10* Months, *1* Days.
Color, *White*
Married, Single, Widowed or Widower, *Single* Cross out the words not required in this line.
Occupation, *House Painter*
Birth Place, *Brown Pennsylvania* State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, *10 years*
Place of Death, *13218 Fayet Street* Give Street and Number.
Cause of Death, *Phtisis Pulmonalis* First (Primary),
Thrombosis Second (Immediate),
Duration of Last Sickness, *Four months*

All the above information should be furnished by the Physician.

Place of Burial, *Woodberry*
Date of Burial, *March 25. 1889*
Undertaker, *Wm. H. Hickman* M. D.
Place of Business, *234 W. Gay* Address, *Wm. H. Hickman* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 98804 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Joseph Tucker

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 12 hrs - Years, _____ Months, _____ Day, _____

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation _____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and Number. } 1640. Carey St.

Cause of Death, { First (Primary), typhoid,
Second (Immediate), _____ }

Duration of Last Sickness, 12 hrs

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, Mar 25th 1887 Yostman M. D.

{ Undertaker J. E. Blough & Co } Medical Attendant.

{ Place of Business, 1408 Bern Ave Address, Cor Penna Ave & Gold St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

4604 Transit

Health Department, City of Baltimore.

Permit No. 98805 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 22 89

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Dunkin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 15 Years, Months, Days.

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Beck

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 1110 Goodman's Alley

Place of Death, { Give Street and Number. } 1110 Goodman's Alley

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery

Date of Burial, March 24 1889

Undertaker, Frederick R. R. R.

Place of Business, 404 E. Calver St. Address, 815 Lytle

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98806

Office of Registrar of Vital Statistics.

Ward 2^d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 23^d 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Ann. Wallerstein

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 11 Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

No. 603. South Bethel St

Cause of Death, { First (Primary), Second (Immediate), }

Spasms

Duration of Last Sickness,

All its life

All the above information should be furnished by the Physician.

Place of Burial, Schwartz Cemetery

Date of Burial, March 25th 1887

{ Undertaker, H. Sander and Son

E. Annis & Son M. D.

{ Place of Business, Canton Ave

Address, 200 N. 3rd St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John Chas. Dr. Goez. Inspector

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

98807

Office of Registrar of Vital Statistics.

Ward

17

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 23rd 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth Fisher

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

7 Years,

8 Months,

Days.

Color,

White



Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore,

Long Life

Place of Death,

{ Give Street and Number. }

304 Foot av

Cause of Death,

{ First (Primary),
Second (Immediate), }

Acute Pleurisy & Gastritis
7 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western C.

Date of Burial,

May 29

Undertaker,

B. H. Hall

C. A. Cooke M. D.

Medical Attendant.

Place of Business,

115 West H

Address,

104 Foot av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98808

Office of Registrar of Vital Statistics.

Ward 194

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mich. 24. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia C. Abey

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 48 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Balt. Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Life

Duration of Residence in the City of Baltimore, 248 (old no.) N. Fulton Ave.

Place of Death, { Give Street and Number. } 248 (old no.) N. Fulton Ave.

Cause of Death, { First (Primary), Chronic Bright's Disease of Kidneys }
{ Second (Immediate), }

Duration of Last Sickness, 26 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 26

Undertaker, J. B. Cook

Place of Business, 1003 N. Balto Address, 1121 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98809 Office of Registrar of Vital Statistics.

Ward 13⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 24th '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Wehrhans

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 19 Years,

Months,

Days.

Color,

White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Worker in tobacco
Baltimore City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

19 years

Place of Death, { Give Street and Number. }

University Hospital
Comp. fracture both femurs
Shock

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

32 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial,

Mar. 27/87

Undertaker,

J. B. Cook

C. H. Mitchell M. D.

Medical Attendant.

Place of Business, 1003 W. Baltimore St.

University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98810 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23^d March 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Eliza Scott

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 81 Years, _____ Months, _____ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, House work

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Montgomery Co Md.

Duration of Residence in the City of Baltimore, 4 yrs.

Place of Death, { Give Street and Number. } 509^W Eads St.

Cause of Death, { First (Primary), Second (Immediate), } Cardiac Valvular disease
Dropsy

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, March 25th 1887

Undertaker, S. W. Chase

Place of Business, 64th Howard Address, 224 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98811 Office of Registrar of Vital Statistics. Ward 98811

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick Bliske

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 35 Years, _____ Months, _____ Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give Street and Number. } 3044 9th Boston St

Cause of Death, { First (Primary), Second (Immediate), } Intemperance
Gastritis

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 25th 1887

{ Undertaker, John Herwig _____ M. D.

Medical Attendant.

{ Place of Business, 2008, Orleans St Address, _____

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Certificate to be sent by Dr. E. J. Williams

[OVER.]